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|  | MISSOURI DEPARTMENT OF SOCIAL SERVICESCHILDREN’S DIVISION**APPLICATION TO PROVIDE RESPITE CARE** |
| Name | Date of Birth | SSN |
|       |       |       |
| Spouse | Date of Birth | SSN |
|       |       |       |
| Home address:      |
| Telephone number:      |
| Email address:      |
| **Please list other persons residing in the home, date of birth, relationship to head of household, and Social Security Number. Attach additional pages, if necessary.** |
| Name | Date of Birth | Relationship to Head of Household | SSN |
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| **Please respond to the following questions:** |
| **1. What is your understanding of the Children’s Division Respite Care program?** |
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| **2. What motivated you to become a Children’s Division Respite Care provider?** |
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| **3. What child care experience do you have?** |
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| **4. Are you currently providing care for other unrelated children? If yes, how many unrelated children are you providing care for in your home/facility?** |
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| **5. What is your understanding of Children’s Division regulations regarding corporal punishment?** |
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| **6. What is your understanding of the laws governing confidentiality of foster children placed in your home?** |
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| **I (We), the undersigned, certify that I (we) have received an explanation of the Respite Care program as provided through the Children's Division and understand the terms as stated in this application.** |
| **Signature** | **Date** | **Signature** | **Date** |
|  |  |  |  |
| **This is to certify that I have completed the walk through of the applicant’s home and completed the Respite Care Provider Checklist, CS-RC-2.** |
| **Children's Service Worker Signature** | **Date** |
| **This is to certify that I have provided an explanation of the Respite Care Program as provided through the Children's Division to the Respite Care applicant.** |
| **Children's Service Worker Signature** | **Date** |